

|                                 |  |                               |                           |
|---------------------------------|--|-------------------------------|---------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SNLF-127015578</i>                        | <i>State:</i>                 | <i>Arkansas</i>           |
| <i>Filing Company:</i>          | <i>Sun Life Assurance Company of Canada</i>  | <i>State Tracking Number:</i> | <i>47916</i>              |
| <i>Company Tracking Number:</i> | <i>SLHIC CONVERSION 2011</i>                 |                               |                           |
| <i>TOI:</i>                     | <i>H11G Group Health - Disability Income</i> | <i>Sub-TOI:</i>               | <i>H11G.003 Long Term</i> |
| <i>Product Name:</i>            | <i>Group Long Term Disability Income</i>     |                               |                           |
| <i>Project Name/Number:</i>     | <i>SLHIC Conversion 2011/</i>                |                               |                           |

## Filing at a Glance

Company: Sun Life Assurance Company of Canada

Product Name: Group Long Term Disability Income      SERFF Tr Num: SNLF-127015578      State: Arkansas

TOI: H11G Group Health - Disability Income      SERFF Status: Closed-Approved-Closed      State Tr Num: 47916

Sub-TOI: H11G.003 Long Term      Co Tr Num: SLHIC CONVERSION 2011      State Status: Approved-Closed

Filing Type: Form      Reviewer(s): Rosalind Minor

Authors: James Crowley, Sandra Silcott, Marion Pagluica, Lori Chilcote, Pauline Michaud, Ellen Thibodeau, Linda Murphy, Frank Jancura

Date Submitted: 02/07/2011      Disposition Status: Approved-Closed

Implementation Date Requested:      Implementation Date:

State Filing Description:

## General Information

Project Name: SLHIC Conversion 2011

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 02/21/2011

State Status Changed: 02/21/2011

Created By: Lori Chilcote

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Lori Chilcote

RE: SUN LIFE ASSURANCE COMPANY OF CANADA

NAIC #: 549-80802;      FEIN: 38-1082080

SERFF Tracking Number: SNLF-127015578 State: Arkansas  
Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 47916  
Company Tracking Number: SLHIC CONVERSION 2011  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term  
Product Name: Group Long Term Disability Income  
Project Name/Number: SLHIC Conversion 2011/

Group Certificate Amendment Form: GC-CA TRANSFER-MTG-09

Dear Commissioner:

We are submitting the above captioned forms for review and approval for use by Sun Life Assurance Company of Canada (SLOC). These forms are new and not intended to replace any other forms currently in use.

These forms are additional forms that will be used in conjunction with form Group Certificate Amendment Form: GC-CA TRANSFER-09 previously approved by your department on July 24, 2009 under SERFF Tracking number SNLF-126107698.

These forms will be used to convert existing Arkansas employers under the Sun Life and Health Insurance Company (U.S.) Rhode Island Financial Institutions Trust policy to SLOC Arkansas single employer policies.

The form is exempt from filing in our state of domicile, Michigan.

The form is in final print. Any items intended to be variable are bracketed.

Attached to this filing are any applicable state required fees, transmittal forms, and certifications.

If you have any questions or comments regarding this submission, please contact me at:  
(860) 737-1310, or email me at: james.crowley@sunlife.com.

## Company and Contact

### Filing Contact Information

|                                      |                                 |
|--------------------------------------|---------------------------------|
| James Crowley, Compliance Consultant | James.Crowley@sunlife.com       |
| 175 Addison Road                     | 800-451-2513 [Phone] 1310 [Ext] |
| P.O. Box 725                         | 860-737-6598 [FAX]              |
| Windsor, CT 06095-0725               |                                 |

### Filing Company Information

|                                      |                         |                             |
|--------------------------------------|-------------------------|-----------------------------|
| Sun Life Assurance Company of Canada | CoCode: 80802           | State of Domicile: Michigan |
| 175 Addison Road                     | Group Code: 549         | Company Type:               |
| Windsor, CT 06095                    | Group Name:             | State ID Number:            |
| (860) 737-1000 ext. [Phone]          | FEIN Number: 38-1082080 |                             |

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|                          |                                       |                        |                    |
|--------------------------|---------------------------------------|------------------------|--------------------|
| SERFF Tracking Number:   | SNLF-127015578                        | State:                 | Arkansas           |
| Filing Company:          | Sun Life Assurance Company of Canada  | State Tracking Number: | 47916              |
| Company Tracking Number: | SLHIC CONVERSION 2011                 |                        |                    |
| TOI:                     | H11G Group Health - Disability Income | Sub-TOI:               | H11G.003 Long Term |
| Product Name:            | Group Long Term Disability Income     |                        |                    |
| Project Name/Number:     | SLHIC Conversion 2011/                |                        |                    |

## Filing Fees

|                  |                      |
|------------------|----------------------|
| Fee Required?    | Yes                  |
| Fee Amount:      | \$50.00              |
| Retaliatory?     | No                   |
| Fee Explanation: | 1 form x \$50 = \$50 |
| Per Company:     | No                   |

| COMPANY                              | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--------------------------------------|---------|----------------|---------------|
| Sun Life Assurance Company of Canada | \$50.00 | 02/07/2011     | 44448859      |

|                                 |  |                               |                           |
|---------------------------------|--|-------------------------------|---------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SNLF-127015578</i>                        | <i>State:</i>                 | <i>Arkansas</i>           |
| <i>Filing Company:</i>          | <i>Sun Life Assurance Company of Canada</i>  | <i>State Tracking Number:</i> | <i>47916</i>              |
| <i>Company Tracking Number:</i> | <i>SLHIC CONVERSION 2011</i>                 |                               |                           |
| <i>TOI:</i>                     | <i>H11G Group Health - Disability Income</i> | <i>Sub-TOI:</i>               | <i>H11G.003 Long Term</i> |
| <i>Product Name:</i>            | <i>Group Long Term Disability Income</i>     |                               |                           |
| <i>Project Name/Number:</i>     | <i>SLHIC Conversion 2011/</i>                |                               |                           |

## Correspondence Summary

### Dispositions

| <b>Status</b>   | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|-----------------|-------------------|-------------------|-----------------------|
| Approved-Closed | Rosalind Minor    | 02/21/2011        | 02/21/2011            |

|                                 |  |                               |                           |
|---------------------------------|--|-------------------------------|---------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SNLF-127015578</i>                        | <i>State:</i>                 | <i>Arkansas</i>           |
| <i>Filing Company:</i>          | <i>Sun Life Assurance Company of Canada</i>  | <i>State Tracking Number:</i> | <i>47916</i>              |
| <i>Company Tracking Number:</i> | <i>SLHIC CONVERSION 2011</i>                 |                               |                           |
| <i>TOI:</i>                     | <i>H11G Group Health - Disability Income</i> | <i>Sub-TOI:</i>               | <i>H11G.003 Long Term</i> |
| <i>Product Name:</i>            | <i>Group Long Term Disability Income</i>     |                               |                           |
| <i>Project Name/Number:</i>     | <i>SLHIC Conversion 2011/</i>                |                               |                           |

## Disposition

Disposition Date: 02/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

|                                 |  |                               |                           |
|---------------------------------|--|-------------------------------|---------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SNLF-127015578</i>                        | <i>State:</i>                 | <i>Arkansas</i>           |
| <i>Filing Company:</i>          | <i>Sun Life Assurance Company of Canada</i>  | <i>State Tracking Number:</i> | <i>47916</i>              |
| <i>Company Tracking Number:</i> | <i>SLHIC CONVERSION 2011</i>                 |                               |                           |
| <i>TOI:</i>                     | <i>H11G Group Health - Disability Income</i> | <i>Sub-TOI:</i>               | <i>H11G.003 Long Term</i> |
| <i>Product Name:</i>            | <i>Group Long Term Disability Income</i>     |                               |                           |
| <i>Project Name/Number:</i>     | <i>SLHIC Conversion 2011/</i>                |                               |                           |

| <b>Schedule</b>            | <b>Schedule Item</b>     | <b>Schedule Item Status</b> | <b>Public Access</b> |
|----------------------------|--------------------------|-----------------------------|----------------------|
| <b>Supporting Document</b> | Flesch Certification     | Approved-Closed             | Yes                  |
| <b>Supporting Document</b> | Application              | Approved-Closed             | Yes                  |
| <b>Supporting Document</b> | Statement of Variability | Approved-Closed             | Yes                  |
| <b>Form</b>                | Certificate Form         | Approved-Closed             | Yes                  |

SERFF Tracking Number: SNLF-127015578 State: Arkansas

Filing Company: Sun Life Assurance Company of Canada State Tracking Number: 47916

Company Tracking Number: SLHIC CONVERSION 2011

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term

Product Name: Group Long Term Disability Income

Project Name/Number: SLHIC Conversion 2011/

## Form Schedule

### Lead Form Number:

| Schedule Item                 | Form Number                  | Form Type   | Form Name        | Action  | Action Specific Data | Readability | Attachment                       |
|-------------------------------|------------------------------|---|------------------|---------|----------------------|-------------|----------------------------------|
| Approved-Closed<br>02/21/2011 | GC-CA<br>TRANSFE<br>R-MTG-09 | Certificate<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Certificate Form | Initial |                      | 0.000       | GC-CA<br>TRANSFER-<br>MTG-09.pdf |

**SUN LIFE ASSURANCE COMPANY OF CANADA** certifies that it has issued and delivered a Certificate Amendment to

POLICYHOLDER: [ABC COMPANY]

EFFECTIVE DATE: [AUGUST 1, 2010]

AMENDING GROUP POLICY NO: THE POLICY NUMBER THAT IS SHOWN ON THE FACE PAGE OF THE GROUP CERTIFICATE(S) THAT IS APPLICABLE TO [TERM LIFE INSURANCE, DEPENDENT TERM LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE, SHORT TERM DISABILITY INCOME INSURANCE, LONG TERM DISABILITY INCOME INSURANCE, DENTAL INSURANCE]

This Certificate Amendment forms a part of your Prior Certificate(s) which describes the provisions of the group policy specified above. If you received separate certificates for different insurance coverages, this Certificate Amendment will amend all such certificates.

The insurance for each insured Employee will be determined in accordance with the following:

For the purposes of this Certificate Amendment:

**Prior Policy** means the group policy issued by Sun Life and Health Insurance Company (U.S.) to the Former Policyholder shown on the face page of the Prior Certificate(s). Prior to December 1, 2007, Sun Life and Health Insurance Company (U.S.) was known as Genworth Life and Health Insurance Company. Prior to March 24, 2006, Genworth Life and Health Insurance Company was known as GE Group Life Assurance Company. And prior to January 1, 2001, GE Group Life Assurance Company was known as Phoenix American Life Insurance Company.

**Prior Certificate(s)** means the group certificate(s) provided by Sun Life and Health Insurance Company (U.S.) for each insured Employee in accordance with the provisions of the Prior Policy.

**This Policy** means the group policy issued by Sun Life Assurance Company of Canada to the Policyholder.

**This Certificate (These Certificates)** means the Prior Certificate(s) that has been amended as of [August 1, 2010] and is now provided by Sun Life Assurance Company of Canada.

All the terms and conditions of the Prior Certificate(s) that were in force and effect on [July 31, 2010], the termination date of the Employer's participation under the Prior Policy, are incorporated in the entirety as terms and conditions of This Certificate as of [August 1, 2010], the effective date of This Policy, **except** as listed below:

1. "We (us, Our)", whether in upper case or lower case, means Sun Life Assurance Company of Canada.
2. Any representation made for the purposes of obtaining or continuing insurance under the Prior Certificate(s) shall be deemed to have been made also for the purposes of obtaining insurance under This Certificate. However, for the sole purpose of applying the section entitled "Limits On Our Right To Contest", the effective date of an Employee's coverage under the Prior Certificate(s) shall be deemed the effective date of the Employee's coverage under This Certificate.
3. For the purposes of determining any waiting period (by whatever name called) before insurance becomes effective or benefits become payable under This Certificate, credit will be given for the completion or partial completion of any waiting period under the Prior Certificate(s).
- [[4. For the purposes of determining any coinsurance or cash deductible provisions under This Certificate, credit will be given for any coinsurance and/or cash deductible provisions satisfied or partially satisfied under the Prior Certificate(s). ]]
- [5. For the purposes of determining any benefit maximum, duration or limitation of benefits under This Certificate, all benefits paid under the Prior Certificate(s) with respect to any person shall be deemed to have been paid as benefits under This Certificate with respect to any person. All periods of time with respect to which benefits were paid under the Prior Certificate(s) shall be deemed to be periods of time with respect to which benefits were paid under This Certificate.

GROUP CERTIFICATE AMENDMENT: [TRANSFER-MTG-09]

GC-CA TRANSFER-MTG-09



- [6]. Except as expressly stated herein, This Certificate will provide continuous coverage as follows:
- a) to all persons covered under the Prior Certificate(s);
  - b) on the same terms and conditions as the Prior Certificate(s); and
  - c) subject to the same exclusions and limitations as stated in the Prior Certificate(s).
- [7]. Any claim incurred while the Prior Policy was in effect will be paid under the Prior Policy.
- [8]. Any request, election, designation of beneficiary or assignment made under the Prior Certificate(s) which continued in effect under such policy through [July 31, 2010] shall be deemed to have been made under This Certificate as of the time originally made under the Prior Certificate(s) to take effect under This Certificate as of [August 1, 2010].
- [9]. Any uninterrupted period of time continuing through [July 31, 2010] during which insurance was in force under the Prior Certificate(s) with respect to any person, shall be deemed included in the period of time insurance for said person was in effect without interruption under This Certificate.
- [10]. Any reference to Employee in This Certificate will be deemed to include any insured regardless of what they are called in the Prior Certificate(s).
- [11]. In no event will any benefit be payable under This Certificate which duplicates any benefit payable under the Prior Certificate(s).

In the event of a conflict between This Certificate and the Prior Certificate(s), the terms of This Certificate will control.

Nothing contained in this Certificate Amendment will be held to affect any of the terms of the policy as outlined in the Group Certificate other than as stated herein.

This Certificate Amendment is part of the Prior Certificate(s). It should be kept with your Prior Certificate(s) which contains the principal provisions of the group policy.

[ *Donald A. Stewart.* ]

[Chief Executive Officer]

|                          |                                       |                        |                    |
|--------------------------|---------------------------------------|------------------------|--------------------|
| SERFF Tracking Number:   | SNLF-127015578                        | State:                 | Arkansas           |
| Filing Company:          | Sun Life Assurance Company of Canada  | State Tracking Number: | 47916              |
| Company Tracking Number: | SLHIC CONVERSION 2011                 |                        |                    |
| TOI:                     | H11G Group Health - Disability Income | Sub-TOI:               | H11G.003 Long Term |
| Product Name:            | Group Long Term Disability Income     |                        |                    |
| Project Name/Number:     | SLHIC Conversion 2011/                |                        |                    |

## Supporting Document Schedules

|                          |                      |                     |               |
|--------------------------|----------------------|---------------------|---------------|
|                          |                      | <b>Item Status:</b> | <b>Status</b> |
|                          |                      |                     | <b>Date:</b>  |
| <b>Satisfied - Item:</b> | Flesch Certification | Approved-Closed     | 02/21/2011    |
| <b>Comments:</b>         |                      |                     |               |
| <b>Attachment:</b>       |                      |                     |               |
| ReadCertwfs.pdf          |                      |                     |               |

|                         |             |                     |               |
|-------------------------|-------------|---------------------|---------------|
|                         |             | <b>Item Status:</b> | <b>Status</b> |
|                         |             |                     | <b>Date:</b>  |
| <b>Bypassed - Item:</b> | Application | Approved-Closed     | 02/21/2011    |
| <b>Bypass Reason:</b>   | n/a         |                     |               |
| <b>Comments:</b>        |             |                     |               |

|                              |                          |                     |               |
|------------------------------|--------------------------|---------------------|---------------|
|                              |                          | <b>Item Status:</b> | <b>Status</b> |
|                              |                          |                     | <b>Date:</b>  |
| <b>Satisfied - Item:</b>     | Statement of Variability | Approved-Closed     | 02/21/2011    |
| <b>Comments:</b>             |                          |                     |               |
| <b>Attachment:</b>           |                          |                     |               |
| Statement of Variability.pdf |                          |                     |               |

## CERTIFICATE OF COMPLIANCE

This is to certify that the attached Form Number(s) has (have) achieved a Flesch Reading Ease Score of 40.2 and complies with the requirements of Arkansas Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act

| <u><b>Form</b></u>    | <u><b>Flesch Score</b></u> |
|-----------------------|----------------------------|
| GC-CA TRANSFER-MTG-09 | 50.0                       |

**SUN LIFE ASSURANCE COMPANY OF CANADA**

*Linda W. Murphy*

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Linda W. Murphy  
Associate Director  
State Filing  
Employee Benefits Group

## STATEMENT OF VARIABILITY

### Certificate Amendment Form: GC-CA TRANSFER-MTG-09

The [bracketed] material is intended to be illustrative and variable to accommodate the requirements of individual policyholders.

| FORM #                | PAGE #  | PROVISION   | VARIATION   |
|-----------------------|---------|---|---|
| GC-CA TRANSFER-MTG-09 | 1       | Policyholder, Effective Date, Amending Group Policy No. and dates | Specific to each individual policyholder.   |
|                       | 1 and 2 | Dates   | Specific to each individual policyholder.   |
|                       | 1 and 2 | Item 4  | Will be included when policyholder's plan includes dental coverage. Item numbers will vary to reflect the next sequential number. |
|                       | 2       | Officer's signature and title                                     | Will vary to reflect future changes.  |